

Conflict of Interest Declaration



For Planning Council Members

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(602) 506-6321 phone
(602) 372-8499 fax
PlanningCouncil@mail.maricopa.gov

Print Name: _____

I am an Alternate for: _____

☐ General Public Member

☐ Institutional Member

☐ Service Provider Member

Planning Council members and Alternates will be considered to have a conflict of interest if they themselves, their relative, spouse, or domestic partner have an interest in issues to be discussed that might affect:

- A profit or non-profit organization in which he/she has a financial interest in or is serving as an officer, director, trustee, partner, paid employee, or consultant;
- A public agency in which he/she is serving as an paid employee or consultant;
- Any person or organization with whom he/she is negotiating or has an existing arrangement concerning prospective employment.

A **relative** is defined as the spouse, child, child's child, parent, grandparent, brother or sister of the whole or half blood and their spouses, and the parent, brother, sister or child of a spouse of a Council member. Unmarried domestic partners of Council members are regarded in the same manner as a spouse. Generally, conflict of interest does not refer to persons living with HIV disease whose sole relationship to a Part A service provider is as a client receiving services, or as an uncompensated volunteer working less than 30 hours per week.

☐ I have no known affiliations that present a conflict of interest.

☐ I have a conflict of interest for the following service categories (check all that apply):

☐ Outpatient Ambulatory Medical Care

☐ AIDS Pharmaceutical Assistance
(Part A formulary)

☐ Medical Case Management
(including treatment adherence services)

☐ Oral Health Care

☐ Mental Health Services

☐ AIDS Pharmaceutical Assistance – Part B

☐ Substance Abuse Services

☐ Health Insurance Premium & Cost Sharing
Assistance

☐ Medical Nutrition Therapy

☐ Medical Transportation Services

☐ Home Health Care

☐ Food Bank/Home Delivered Meals

☐ Outreach Services

☐ Psychosocial Support Services

☐ Emergency Financial Assistance
(rent and utility assistance)

☐ Legal Services

☐ Housing Services

☐ Health Education/Risk Reduction

☐ Linguistic Services

☐ Case Management Services Non-Medical

I have a conflict of interest because:

- ☐ I am an employee or Officer of an agency receiving funds from Part A
- ☐ I am a relative of an employee or Officer of an agency receiving funds from Part A
- ☐ I have a financial interest in an agency receiving funds from Part A
- ☐ I am a paid consultant for an agency receiving funds from Part A
- ☐ I am a prospective employee for an agency receiving funds from Part A

It will be the responsibility of each Planning Council member, their fellow Planning Council members, and/or their Alternates to determine whether a conflict of interest exists. If your conflicts change, you must announce the change at meetings as soon as it occurs, and resubmit this form with the changes as soon as possible.

I hereby state that, to the best of my knowledge, information, and belief, I shall abstain from voting on issues that directly relate to or appear to relate to an action that may result, or appear to result in personal, organizational or professional gain. I agree to abstain from voting on the processes and the issues of the Planning Council that present a conflict of interest as determined above.

Signature

Date